



B-3  
1W 3' 1**Newport Alliance**Borden-Carey Building #G-40  
19 Friendship Street  
Newport, RI 02840  
800-223-2133  
Tax ID: 05-0258914

March 4, 2003

## I N V O I C E

Arlene V Reed  
Truckadyne Trans. Service Inc.  
25 Miscoe Road  
PO Box 15  
Mendon MA 01756For:  
Truckadyne Trans. Service Inc.

INVOICE # 24656

Date of Service	Description	Qty	Amount
Steven McDermott	SSN: 010-62-3456		
02/08/03	Post-Accident Nida Drug Test	1.00	55.00
02/08/03	Post Accident Alcohol Breathalyzer Test	1.00	30.00
Subtotal			85.00
Total Charges:			85.00
Total due:			85.00

Please remit 85.00 to:

NEWPORT HOSPITAL

Mail to:

**The NEWPORT ALLIANCE**  
a Division of Newport Hospital  
19 Friendship Street #G-40  
Newport, R.I. 02840

PLEASE PLACE INVOICE NUMBER 24656 ON CHECK